

Want to work at Common Crow?



INFO FOR YOU – keep this sheet



How to apply for a job:

- 1. Fill out the attached application completely. We do not consider incomplete applications. Attach any relevant resume or other documents and return to the address below.
- 2. Keep this page for your records. It has all the info you need to keep in touch.
- 3. References will be verified. Please include no more than ONE personal reference and be sure to notify the person/employer you use that you have included them.
- 4. We will contact you regarding the status of your application. If there is no position open, applications are active for one year and considered for openings throughout the period.
- 5. If you are a chosen as a candidate for a position you will be called for a brief telephone interview, followed by a personal interview.

Whom to Contact:

Suze Runnells, Personnel Manager

Email: jobs.crowmail@gmail.com

What you need to know:

Common Crow Natural Health is a unique workplace. Since 2000, we've been locally owned independent natural foods store committed to serving our community. All employees understand that heartfelt and genuine customer service is the most important part of our business, and that each one of us carries daily responsibility to assure that every customer knows it. At Common Crow, we live and work by principles of kindness, cooperation, integrity and ethical conduct. We serve our customers, our neighbors, our vendors and each other with these values, because we believe that good business is based on good human relationships.

We expect every employee to demonstrate friendly cooperation, positive willingness to get the job done, to pursue excellence, and help every customer leave with a positive impression of our store.

Employees who accept a position at Common Crow will accept the assigned schedule and are expected to come to work on time.

We are actively seeking applicants who are excited about our values and want to help accomplish them. We intend to hire those applicants whose work ethic matches ours.

If you are applying for a management, merchandising or supervisory position, attach a resume and samples of your work.

Common Crow Natural Health, Inc. 200 Eastern Ave., Gloucester 01930

DATE/ NA (MO/DAY/YEAR)	AME(FIRST)	(MIDDLE)	(LAST)	
Address (where we may rel	y on reaching you)			
(STREET)		(CITY)	(STATE)	(ZIP)
E-MAIL we may use to rea	ch you			
Home phone	Ce	Il Phone		
What date can you start work?_	V	/hat wage do you requir	e for adequate employme	nt?
Are you 18 years or older? If NO, can you provide a work ca Federal law restricts work hours Do you have the legal right to wo If you accept employment with Common C	ertificate? for anyone UNDER 16 ork in the United States?	years old. Do these rule	YES s apply to you?YE YE	SNO SNO SNO
Some positions require you to		•		NO
Many of our jobs require mod Can you perform such work w Describe any accommodation y	vith reasonable accom	modation?	YES	
Describe any accommodation y				
CHECK ROLES OF INT GROCERY	EREST:			۷:
Grocery	FOOD SERVI	-	Receiving	
Data Receiver	Dishwash		Supervising/ Mana	gement

Produce/Dairy/Meat

CUSTOMER SERVICE

_ Cashier

Health and Beauty

- __ Chef
- __ Cafe Counter Service
- ___ Baking

- ___ Administrative Support
- ____ steaming milk/pulling shots
- __ Merchandising
- _ Training Staff

Direct customer service is also a requirement in most tasks, such as answering questions. Can you perform such work with reasonable accommodation?YES____NO____ If you need reasonable accommodation, please specify:

SCHEDULE NEEDS

Preferred number of days to work per week (2-5 days): _____ Preferred shift length (circle # of hours): 4-6 or 6-8

Preferred number of hours per week (circle number of hours): <u>10-16</u> <u>16-20</u> <u>20 - 29</u> <u>30-35</u> <u>40</u>

Common Crow **Natural** Health is a customer service driven business. Our customers' shopping habits decide the number of people we hire and the times they are scheduled to work. We hire both full-time and part-time employees. In general we seek those applicants with FULL AVAILABILITY.

FULL AVAILABILITY means that you are available to work any shift in the job you are hired for. Please indicate below your availability. LIMITING YOUR AVAILABILITY MAY AFFECT YOUR PROSPECT FOR BEING HIRED IN SOME POSITIONS. We only employ staff that are available when the business and our customers need them. Please note that this chart does not guarantee you any specific schedule in the event that you are hired.

I can work	MON	TUE	WED	THU	FRI	SAT	SUN
Any 8 hr Shift 6 AM - 9 PM							
AM ONLY 6 AM - 3PM							
PM ONLY 12-9 PM							
Other describe							
NOT AVAIL							

Describe the best job you've ever had. What did you like about it?

EDUCATION	Name of School	Years Attended	Graduated? Y/N	Subjects
High School				
GED				
College				
Post-Graduate				
Other Training				

Future plans for educational advancement:	
Special Skills not related to this job	
Activities you enjoy (what you do for relaxation & fun)	
Computer and other equipment skills (Accounting calculator, scanners, cash register, etc.)	
Do you own or have an interest in another business? Please describe	
Describe any experience you have had in the specific field of the job you are applying for:	

What is your personal food philosophy? (Your own idea of the best way to eat)

WORK HISTORY: List your last three employers. Use additional pages if needed. Include volunteer activities and self-employment. We verify every reference.

Employer				_ Contact Person	
Address					
Dates Employed: From					
Pay Rate Starting	Ending	Job Title			
Reason for Leaving					
Employer				_ Contact Person	
				Phone Number	
Dates Employed: From	То	May we contact?	Yes	NO	
Pay Rate Starting	Ending	Job Title			
Reason for Leaving					
Your Responsibilities					
Employer				_ Contact Person	
				Phone Number	
Dates Employed: From	То	May we contact?	Yes	NO	
Pay Rate Starting	Ending	Job Title			
Your Responsibilities					

Explain any absences from employment in the last 5 years which lasted more than one month

WORK REFERENCES: We verify all references.

Name	_ Name of Business	
Title/ Relationship	Years Acquainted	
Address	Phone	
Name	Name of Business	
Title/ Relationship	Years Acquainted	
Address	Phone	
Name	Name of Business	
Title/ Relationship	Years Acquainted	
Address	Phone	

PLEASE READ BEFORE SIGNING

EQUAL OPPORTUNITY EMPLOYMENT

We will not discriminate on the basis of race, religion, national origin, sex, age, disability, marital status or status as a veteran. Information provided on this application will not be used for any discriminatory purpose.

ACCURACY OF INFORMATION

I certify that all information provided by me on this application is true and complete to the best of my knowledge, and I understand that, if I am employed, false statements on this application may be grounds for termination from my employment. I understand that this application will become part of my personnel file if I am employed by Common Crow Natural Health, Inc.

AUTHORIZATION FOR RELEASE OF INFORMATION

In connection with this application, I authorize my former employers, schools, law enforcement agencies, and branches of military to release all relevant information about me. I release all parties supplying such information and Common Crow Natural Health, Inc. from and liability arising out of the release of such information.

RULES AND REGULATIONS

In consideration of my employment, I agree to conform to the rules and regulations of Common Crow Natural Health, Inc. which are currently in existence or may come into existence in the future. I understand that violation of the rules and regulations of Common Crow may result in termination.

EMPLOYMENT AT WILL

I understand that, if I am offered a position at Common Crow Natural Health, Inc., my employment is "AT WILL", which means that either I or Common Crow may terminate the employment relationship at any time for any reason not prohibited by law. I also understand and agree that the terms and conditions of my employment may change at any time by Common Crow Natural Health, Inc.

Your Signature		Date			
Your application is considered A	TIVE for one year.				
EMERGENCY CONTACT INFORMATI	ON (optional):				
1. Emergency Contact Name:		Relation to you			
Phone:	Cell:				
2. Emergency Contact Name:		Relation to you			
Phone:	Cell:				